

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 APR 19 AM 9:40  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Leadership America-NC

ADDRESS (number and street)

216 Riverview Dr.



Check if different  
than previously  
reported. (ACC)

Natchez

LA

71456-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00563098

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15  
Quarterly Report (Q1)



July 15  
Quarterly Report (Q2)



October 15  
Quarterly Report (Q3)



January 31  
Year-End Report (YE)



July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)



Termination Report  
(TER)

(b) Monthly  
Report  
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)  
(Non-Election  
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)  
(Non-Election  
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the  
State of



(d) 30-Day  
POST-Election  
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the  
State of



5. Covering Period

01 / 01 / 2016

01 / 01 / 2016

2016

through

03 / 31 / 2016

03 / 31 / 2016

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

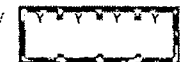
Type or Print Name of Treasurer

Steve Verzweyert

Signature of Treasurer

Steve Verzweyert

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

**FEC FORM 3X**  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Leadership America-NC

Report Covering the Period:

From:

01 / 01 / 2016

To:

03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		000
(b) Cash on Hand at Beginning of Reporting Period.....	00.0	
(c) Total Receipts (from Line 19).....	00.0	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31).....	00.0	000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

## Page 3

03 / 31 / 2016

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19) .....

0.00

000

2019-04-10 00:00 ~ 10

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## II. Disbursements

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

21. Operating Expenditures:  
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)

(i) Federal Share .....

(ii) Non-Federal Share .....

(b) Other Federal Operating Expenditures .....

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

22. Transfers to Affiliated/Other Party

Committees .....

23. Contributions to Federal Candidates/Committees and Other Political Committees .....

24. Independent Expenditures

(use Schedule E) .....

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....

26. Loan Repayments Made .....

27. Loans Made .....

28. Refunds of Contributions To:  
(a) Individuals/Persons Other Than Political Committees .....

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....

29. Other Disbursements .....

30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share .....

(b) Federal Election Activity Paid Entirely With Federal Funds .....

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

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NO-10-01-10-01-0000-1-7

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

## III. Net Contributions/ Operating Expenditures

### COLUMN A Total This Period

### COLUMN B Calendar Year-to-Date

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3) .....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

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20160419030006718

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Leadership America PAC- NC**

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

**M M / D D / Y Y Y Y**

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

**M M / D D / Y Y Y Y**

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

**M M / D D / Y Y Y Y**

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**000**

**000**

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:  
 (check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Leadership America PAC- NC**

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

/  /

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
 Type

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

☐ Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

000

000

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Leadership America PAC-NE

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period




### TERMS

Date Incurred

Date Due

Interest Rate

Secured:








% (apr)

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ►

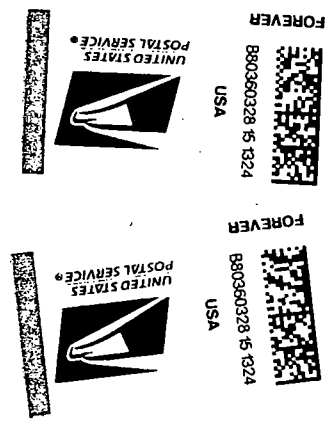
TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



America-NC  
view Dr.  
A 71456

20160416 03:00:00



FEC  
999 E Street, NW  
Washington, DC 20463

RECEIVED  
FEC MAIL CENTER  
2016 APR 19 AM 9:40

2019-04-19 09:00:00

(3/2015)